

CLAIMS ONLY Best Available Copy

Application Number

Filing Date

10/692298

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1												
2													
3													
4		1											
5		1											
6													
7													
8													
9		1											
10		1											
11		1											
12		1											
13		1											
14		1											
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
Total													
Indep	1												
Total	8												
Depend													
Total	9												
Claims													